

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

☐ Not yet qualified
or

☒ Date qualified as committee

7, 29, 20

☐ Amendment

☐ Termination - See Part 5

Date qualified as committee

Date of termination

Date Stamp

City Clerk's Office

SEP 24 2020

RECEIVED

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1430945

NAME OF COMMITTEE

VOLTAIRE S. MONTEMAYOR FOR MILPITAS
CITY MAYOR 2020

STREET ADDRESS (NO P.O. BOX)

669 PENITENCIA STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS

CA. 95035

(408) 946 9364

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

voitz1251@yahoo.com

COUNTY OF DOMICILE

SANTA CLARA

JURISDICTION WHERE COMMITTEE IS ACTIVE

SANTA CLARA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

LINA U. MONTEMAYOR

STREET ADDRESS (NO P.O. BOX)

669 PENITENCIA STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS

CA. 95035

(408) 946 9364

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

VOLTAIRE S. MONTEMAYOR

STREET ADDRESS (NO P.O. BOX)

669 PENITENCIA STREET

CITY

STATE

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CA 95035

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Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-25-20

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-25-20

DATE

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2017)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

COMMITTEE NAME

VOLTAIRE S. MONTEMAYOR FOR MILPITAS CITY MAYOR 2020

Page 2

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

WELLS FARGO BANK

AREA CODE/PHONE

(408) 586 7682

BANK ACCOUNT NUMBER

72724 22945

ADDRESS

1 S MILPITAS BLVD

CITY

MILPITAS

STATE

CA.

ZIP CODE

95035

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE	PARTY
VOLTAIRE S. MONTEMAYOR	CITY MAYOR	2020	Nonpartisan ✓	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		SUPPORT OPPOSE
		SUPPORT OPPOSE

Clear Page

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